STATEMENT OF

RECEIVED

FORM 1	ORGANIZATION			1	COCT 25 AMII: 51	
1. NAME OF COMMITTEE (in	ı full)	(Check if no is changed)		Example: If typing, type over the lines.	12FE4M5	5
NORTH CAROLINA DEMOCRATIC LEADERSHIP FEDERAL COMMITTEE						
ADDRESS (number and street) P. O. BOX 16194						
(Check if address is changed)		PLANTAT	TION		FL	33318
			CIT	4	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) DemocraticLeadershipCommittees@gmail.com (Check if address is changed)						
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if address is changed)						
2. DATE 10" '17" '2012 '						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATE	MENT 🔀	NEW (N)	OR	AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer ALEXANDER CLINTON						
Signature of Treasurer Alexander Clinton Date 10° 17° 20°12°						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only				For further Information Federal Election Communication Free 800-424-9530 Local 202-694-1100	ission	FEC FORM 1 (Revised 02/2009)